## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS CRIVED

Official Use Only CITY OF BEVERLY HILLS

Date Received

**COVER PAGE** 

indexed

2011 MAR 31 P 3: 16

Please type or print in ink. 3/31/11 NAME OF FILER **BRUCKER BARRY** 1. Office, Agency, or Court Agency Name City of Beverly Hills Division, Board, Department, District, if applicable Your Position City Council Councilmember ▶ If filing for multiple positions, list below or on an attachment. Santa Monica Bay Restoration Commission, Westside Cities Council of Governments, Position: Boardmember/Alternate Member O Agency: County Sanitation District #4/LA County 2. Jurisdiction of Office (Check at least one box) ★ State ☐ Judge (Statewide Jurisdiction) County of Los Angeles ■ Multi-County Beverly Hills, Los Angeles, Culv City, W. Hollywood, Santa Monica Other . 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, Leaving Office: Date Left \_\_\_\_/\_ (Check one) O The period covered is January 1, 2010, through the date of The period covered is \_\_\_\_ \_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_, through December 31, leaving office. X Assuming Office: Date 3 ,22, 11 O The period covered is \_\_\_\_\_/\_\_\_\_ through the date of leaving office. Candidate: Election Year \_ Office sought, if different than Part 1: \_ 4. Schedule Summary Check applicable schedules or "None." ► Total number of pages including this cover page: . Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California that

Date Signed \_

Signatur

## SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Barry Brucker

► NAME OF SOURCE	► NAME OF SOURCE
Beverly Hills Fireman's Association	Beverly Hills Police Officers Association
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
445 N. Rexford Drive, Beverly Hills, CA 90210	455 N. Rexford Drive, Beverly Hills, CA 90210
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beverly Hills Fireman's Association 501 C 3	Beverly Hills Police Officers Association 501 C 3
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 , 22 , 10 <sub>\$</sub> 100.00 Gift basket	12 , 20 , 10
\$	\$
► NAME OF SOURCE	► NAME OF SOURCE
2 Rodeo	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2 Rodeo Management Offices	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
9480 Dayton Way, Ste. 200, Beverly Hills, CA 90210	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 , 20 , 10 <sub>\$</sub> 75.00 Gift basket	
\$	
► NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
Comments:	